

same time, they ignored the reality that most of these amendments were merely technical corrections which were necessary because the underlying bill was hastily written and filled with numerous drafting errors. Unfortunately, nearly all of the accepted Republican amendments merely tinkered around the edges. Almost all of the substantive alternative-idea amendments suffered the failing fate of the party-line vote. In 12 days of markup at HELP, we had 45 rollcall votes on Republican-sponsored amendments and only 2 prevailed.

After the markup, the majority refused to release a final copy of the bill for over 2 months, denying the American people the chance to see what they had done. Once we finally got a copy of the bill, we learned that majority staff had unilaterally made numerous changes to the bill, in some cases undoing agreements that had been worked out by Members on issues such as prevention and wellness.

While this was happening, there were also ongoing bipartisan negotiations, led by Senator MAX BAUCUS. And I have to congratulate him for the process he started and got people involved in and for his persistence and the amount of time he put into it. This dwindled down to a Gang of 6. The Gang of 6 discussions were not an honest attempt to try to develop a bipartisan health care bill that would offer real solutions to the problems that face our health care system.

Ultimately, these negotiations failed to produce a bipartisan bill. I do not believe the failure was due to a lack of effort on the part of the participants but, rather, we were unsuccessful because the Democratic leadership chose to impose arbitrary and unrealistic time deadlines on the process that we commented on. The deadline slipped a few times, moved up a week, and then became finalized. The decision was made that it was more important to move fast than it was to get it right, and the decision ultimately doomed our efforts.

This, in turn, led to another partisan markup where the Finance Committee rejected most GOP health reform ideas. Proposals such as medical liability reform were rejected on jurisdictional grounds, while the chairman unilaterally included Democratic provisions that were clearly within the jurisdiction of other committees. Republican amendments were voted on and then unilaterally changed at the eleventh hour—actually, 1:30 in the morning—by amendments offered by the chairman.

The two bills were then merged, merged in secret, with no input from the many Republicans who want to enact a bipartisan health bill. We now have a 2,074-page bill that reflects many of the worst provisions from both the HELP and the Finance Committee bills.

We did not need to end up here today with Republicans opposing a partisan health care reform bill. The Senate

should develop legislation that will impact one-sixth of our Nation's economy and affect the health of every American.

The former chairman of the Senate Finance Committee, Daniel Patrick Moynihan, a Democrat from New York, once provided the following perspective on how the Senate should consider major policy changes. He said:

Never pass major legislation that affects most Americans without real bipartisan support. It opens the doors to all kinds of political trouble.

Chairman Moynihan noted that absent such bipartisan support, the party that didn't vote for it would feel free to take shots at the resulting program whenever things go wrong and a large segment of the public would never accept it unless it was an overwhelming success. Chairman Moynihan understood a partisan legislative process guarantees that any glitches that occur in implementing the bill would provide ammunition for future attacks; thereby, further undermining public support of the new policies. There will, unfortunately, be plenty of glitches if this bill is ever enacted.

The Reid bill will impose \$493 billion in new taxes, and many of them go into effect immediately. At same time, most Americans will not see any insurance reforms or other potential benefits from this bill until at least 2014. That leads to some interesting accounting.

The Reid bill will kill jobs and cut wages. The Congressional Budget Office has told us the employer mandates in this bill will likely result in lower wages and higher unemployment. These job and wage cuts would hit low-income workers, women, and minorities the hardest. It is hard to believe that with unemployment at a generational high, Democrats would even consider putting more jobs on the chopping block. The Reid bill mandates that Washington bureaucrats ration care. The bill lays the groundwork for a government takeover of health care, giving Washington bureaucrats the power to prevent patients from seeing the doctor they choose and obtaining new and innovative medical therapies.

I think that is attested to by the first amendment we have, the amendment by the Senator from Maryland, because her amendment preempts the provision in the bill that allows the U.S. Preventive Services Task Force to determine what preventive services should be covered. This amendment recognizes the problems associated with government bureaucrats determining what benefits should be covered. The majority realized it had a political problem when the U.S. Preventive Services Task Force said that women aged less than 50 years old should not have annual breast screening exams. This amendment doesn't do anything to protect patients who might be denied access to preventive tests in the future, such as prostate exams, colonoscopies, Pap smears, and so on, if bureaucrats decide to deny access.

This bill also shows how this will never be a truly science-based process. Bureaucrats will always have to respond to political pressure for powerful constituencies.

I guess we are part of the powerful constituencies. If we decide something should or should not be in there, that eliminates the science-based part of it.

I understand what they are trying to do. In the HELP Committee, when we were doing the markup, we did numerous amendments around this clinical effectiveness research, to see what it was supposed to eliminate from the health care for the person, separating them from their doctor by making these science-based decisions.

We did a series of amendments and found there, evidently, are a lot of things they are hoping will be precluded from people being able to get. I invite people to take a look at those amendments. We may have to try those again to see exactly where this process is going. I appreciate the Senator from Maryland making an attempt to solve a part of the problem, but I am having a little trouble with the reading of the amendment itself. At any rate, enough of that.

The Reid bill spends millions—billions. There is that word again. The Reid bill spends billions of taxpayer dollars on new pork-barrel spending. The bill would build new sidewalks, jungle gyms, and farmers' markets and creates a \$15 billion slush fund for additional pork-barrel projects, a real deviation from what the Appropriations Committee has ever allowed.

This bill also fails to achieve the commonsense goals Republicans and Democrats share. This bill even breaks many of the promises President Obama has made about health care reform. President Obama repeatedly called for a health care bill that will reduce costs. This bill will actually drive up health care costs for millions of Americans as a result of new mandates and taxes. President Obama has also said that if Americans like the insurance they have, they can keep it. Under the bill, millions of Americans will lose their employer-provided health insurance.

President Obama promised not to raise taxes on individuals earning less than \$250,000 per year. The bill would impose several new taxes on people who make considerably less than \$250,000 a year.

President Obama said the health care reform would not increase the deficit. This bill will not increase the deficit only if you believe certain things. This bill will not increase the deficit if you believe Medicare payments to physicians will be cut by 40 percent over the next decade. I don't think anybody believes that.

The bill would reduce the deficit only if you believe Medicare payments to other providers will be slashed to levels that endanger patients' ability to get the care they need. No one believes that.